



State Innovation Model Advisory Committee

Meeting Minutes

September 15, 2015

2:00-4:00pm

Members Present: **LaQuandra S. Nesbitt, MD** (SIM Chair, Department of Health), **Christian Barrera** (Office of the Deputy Mayor of Health and Human Services), **Jacqueline Bowens** (DC Primary Care Association), **Karen Dale, RN, MSN, CS** (AmeriHealth Caritas District of Columbia), **Colette Chichester** (for Jonathan Blum, CareFirst BlueCross BlueShield), **Angela Diop, ND, CHCIO** (Unity Healthcare), **Lisa Fitzpatrick, MD** (Department of Health Care Finance), **Christopher King, PhD** (Georgetown University School of Nursing and Health Studies), **Maria Gomez, RN, MPH** (Mary's Center), **Mara Krause Donahue** (Medicaid Beneficiary Representative), **Erin Leveton** (for Laura Nuss, Department of Disability Services), **Howard Liebers** (for Stephen Taylor, Department of Insurance, Securities and Banking), **Tanya Royster, MD** (Department of Behavioral Health), **Jullette Saussy, MD** (Fire and EMS Department), **Rayna Smith, Esq.** (Committee on Health and Human Services), **Claudia Schlosberg** (Department of Health Care Finance), **Reverend Frank D. Tucker** (First Baptist Church), **Mark Weissman, MD** (Children's National Health System), **Laura Zeilinger** (Department of Human Services).

Members Absent: **Richard Bebout** (Green Door), **Amy Freeman** (Providence Hospital), **Christy Respress** (Pathways to Housing), **Reverend Christine Wiley** (Covenant Church).

DHCF Staff: Cavella Bishop, Derdire Coleman, DaShawn Groves, Dena Hasan, Robert Howard, An-Tsun Huang, Lisa Klug, Janice Llanos-Velazquez, Shelly Ten Napel, Michael Tietjen, Joe Weissfeld, Dorinda White, Yolanda Williams, Constance Yancy.

Guests: Dr. Stephen Cha, Director, State Innovations Group, Center for Medicare and Medicaid Innovation Center.

<u>Topic</u>	<u>Discussion</u>
Opening Remarks	Dr. Nesbitt, SIM Advisory Committee Chair, called the meeting to order. Claudia Schlosberg, DC Medicaid Director, gave opening remarks highlighting the need for the District to continue improving specific critical health outcomes areas. She stated that while the District constantly ranks among the top states regarding health coverage and spending per capita, the District still has room for improvement as it ranks near the bottom on some key health outcomes such as readmissions. Shelly Ten Napel, SIM Director, introduced the SIM Core Team (Joe Weissfeld, DaShawn Groves, and Dena Hasan) to familiarize the committee with their names as they will be the individuals who the committee will be working closely with

	over the SIM year.
Introductions	<p>As each committee member introduced themselves, they identified specific elements of the DC health system that would be different or improved in the next 3-5 years. Several themes emerged as the committee went around the room: 1) Increasing awareness of services, 2) Improving health outcomes, 3) Integrating primary care and behavioral health services, 4) Tackling health inequities, 5) Incorporating social factors in health care, and 6) Improving coordination of services.</p> <p>Specifically, <i>Rayna Smith</i> wants to increase the awareness of the services in the District to help increase the appropriate utilization. <i>Rev. Frank Tucker</i> would increase the use of paraprofessional staff and make sure that there are sufficient services in the areas with the most need. <i>Dr. Weissman</i> discussed how it is important to improve health outcomes and would prefer to look at pilots that focus further upstream. <i>Karen Dale</i> would like to create greater alignment between objectives and outcome. <i>Dr. Diop</i> believes information is powerful and would like to have information available to providers at the right point in the care continuum in order for them to deliver better care. <i>Dr. Royster's</i> top goal would be to improve the general understanding that addressing a person's habits and lifestyle is central to improving outcomes; she suggested moving upstream and implementing more early intervention and prevention-type initiatives. <i>Jackie Bowens</i> wants better integration of behavioral health and primary care as well as greater engagement in the community equipping them with the knowledge of services, but also making them more accountable for their own care. <i>Howard Liebers</i> would like to have no complaints about the District's insurance system, strengthen insurance access and improve quality. <i>Erin Leveton</i> wants to take on health disparities. <i>Mara Krause Donahue</i> would improve communication to beneficiaries and to improve the collaboration of all the different point of contacts that a person with disabilities interacts with. <i>Christian Barrera</i> would like to see an emphasis on health equity. <i>Colette Chichester</i> would like to improve health outcomes and increase accountability for all those participating in the health system. <i>Laura Zeilinger</i> sees the SIM opportunity to do something innovative and wants to do something creative to address affordable housing in the District. <i>Dr. King</i> would like to see more social factors integrated into the EHR in order to better assess the patient. <i>Dr. Fitzpatrick</i> would like to see a streamlined system for mental health and substance abuse; she thinks residents need a better understanding of how to navigate the system. <i>Maria Gomez</i> would like better coordination and make sure that it is appropriate and timely. <i>Dr. Nesbitt</i> wants to figure out what we should be paying for and how we as individuals like care to be delivered to us.</p>
Overview of Payment Reform and SIM	<i>Dr. Cha</i> discussed the national momentum around payment and delivery system reform especially in Medicare. He pointed out that Health and Human Services (HHS) Secretary Burwell wrote an article in the New England Journal of Medicine that encourages the continued work across sectors and across the aisle for the goals we share: better care,

	<p>smarter spending, and healthier people. Earlier this year, HHS announced goals to implement value-based payments within the Medicare Fee-For-System (FFS):</p> <ul style="list-style-type: none"> • By the end of 2016, 30% of Medicare payments will be tied to quality or value through alternative payment models; 50% by the end of 2018. • 85% of Medicare FFS payments tied to quality or value by the end of 2016; 90% by the end of 2018. <p>He also discussed that the SIM grants have been awarded in two rounds with the majority of states either planning or testing models that increase cost efficiency and improve quality and population health. He gave the example of Maryland which is seeking to test whether effective accountability for both cost and quality can be achieved within an all-payer system. He pointed out that SIM states must engage and include multiple partners. He also discussed how there were similarities in Round One Test states, which are focusing on patient centered medical homes and enhancing the primary care infrastructure.</p> <p><i>Claudia Schlosberg</i> asked Dr. Cha for thoughts on the District’s advantages to be successful in SIM and any lessons learned so far from the program. Dr. Cha pointed out that the states he considers “leader states” have aligned stakeholder support into a shared vision and formed relationships with various stakeholder groups. Centers for Medicare and Medicaid Services (CMS) has a wealth of resources on behavioral health and primary care integration that can be obtained via the internet or requested from the District’s SIM Project Officer (PO).</p> <p><i>Karen Dale</i> asked whether model language could be shared as examples when the District considers various policy changes. <i>Dr. Cha</i> discussed CMS has developed resources, but has found connecting states that are working on similar issues works best.</p>
<p>SIM in the District</p>	<p><i>Dr. Nesbitt</i> presented the overall goal of the SIM initiative to improve health outcomes, experience of care, and value in health care spending for high-cost, high-need patients in the District. In order to achieve this goal, there is the short-term objective of implementing a second Health Home program focusing on chronic conditions. The long-term aim of SIM is to create a roadmap to transform the payment and delivery system that holds providers accountable for outcomes. <i>Dr. Nesbitt</i> reviewed a snapshot of the data that DHCF had put together on utilization of spending and utilization. She recommended that the Advisory Committee think about how they categorize populations as they develop payment and care models since some high-cost, high need beneficiaries may only be temporarily classified as such.</p> <p>She then reviewed the Medicaid Health Home and Medicare Chronic Care Management services as two initiatives that SIM could build on when developing a plan and committee. <i>Laura Zeilinger</i> asked if the District was not already establishing a Health Home program. <i>Dr. Nesbitt</i> and <i>Dena Hasan</i> both addressed this question stating that there are</p>

	<p>existing options where a state can implement multiple variations of the health home programs. Dena added the health home that will be implemented beginning January 1 will focus on individuals with severe mental illness. The new Health Home developed during the SIM process would consider other chronic conditions and/or risk factors such as homelessness.</p> <p><i>Claudia Schlosberg</i> wanted to make sure that committee does not just look for Medicaid to pay for everything, but look at what Medicaid can pay for and how we can redirect some of the resources including funds to other areas to address the social determinants such as patient navigators or child care. Dr. Nesbitt pointed out that only one provider can be paid, so there needs to be a conversation about what the patient care looks like in addition to the payment model.</p> <p><i>Dr. Weissman</i> asked Dr. Nesbitt to comment about children and adolescent. <i>Dr. Nesbitt</i> said they can easily fit into the model. However, they are a small and less expensive population, so they may not be identified as part of the larger high-cost, high-need population. <i>Dr. Weissman</i> raised the point that unmanaged or undermanaged children could become costly adults and would consider it an investment to focus on them at this time.</p> <p><i>Karen Dale</i> has looked at several blended funding options and would like the committee to look at how to use such funding mechanisms. Housing has taken a negative impact on beneficiary's health. It may be cheaper to have a navigator go out and assist him.</p> <p><i>Jackie Bowen</i> suggested the committee think about how practice transformation is performing in relation to their continued talks about the Triple Aim and payment reform efforts. Providers should be receiving the support and investment they need to meet the expected outcomes. She proposed redefining a patient visit taking into account different touch points, telemedicine, etc. She also stated the District should not only look to transform payment but practice approaches as well.</p> <p>After taking questions on the SIM goals in the District, Dr. Nesbitt discussed the Advisory Committee's role and the planning process. She mentioned the SIM process creates a number of committees; all Advisory Committee members are encouraged to sign up to be a part of the work groups. She would like members to identify and recruit other participants for the work groups. She also reviewed the timeline. Workgroups will begin after the October Advisory Committee Meeting. <i>Claudia Schlosberg</i> suggested that the Advisory Committee come up with shared long term vision in order to take to each of the work groups.</p> <p><i>Dr. Nesbitt</i> opened the floor to the Advisory Committee to get their thoughts regarding the SIM process. <i>Jackie Bowens</i> wants to ensure that the committee is incorporating current programs and make sure the committee aligns policy and</p>
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	<p>practice.</p> <p><i>Karen Dale</i> asked about timing and funding. <i>Claudia Schlosberg</i> pointed out that Health Home program is currently under discussion since it would need to go through the budget process. <i>Shelly Ten Napel</i> commented that CMS has not committed to an additional round of SIM funding. Claudia said that if CMS has not committed funding, then it is something District needs to take into consideration. <i>Dr. Cha</i> reinforced Shelly's statement about there being no anticipated funding, but the SIM plan must demonstrate sustainability. States could use Medicaid 90/10 funding, HIT funding and other funding streams to help sustain the District's plan. CMS is committed to assisting states identify and connect funding sources. Dr. Nesbitt pointed out that the plan the District comes up with needs to be a feasible approach. She pointed out that everyone around the table had a vision regarding how Districts shift to improving outcomes. She discussed how members should not get discouraged about the visions because there was not another round for SIM.</p> <p><i>Laura Zeilinger</i> brought up an issue about how to handle low hanging items that the work groups have identified in their deliberations. <i>Dr. Nesbitt</i> recommended that low hanging items would need to be discussed in the Advisory Committee to determine how to move the issue forward.</p> <p><i>Dr. King</i> would like more information on other SIM states. Dr. Cha pointed out the Center for Medicare and Medicaid Innovation has information on their website. A request to the SIM PO could put together a package on SIM state resources.</p> <p>There was a question from a committee member regarding what happens after the Advisory Committee and DHCF staff puts together a plan and how do we make sure that it is implemented. Shelly pointed out part of the reason the Advisory Committee was brought together is to use their leverage to influence and keep pressure on the Administration. Dr. Cha also discussed how changes are already happening in Medicare. The SIM process allows states to create a framework in which they can control their own destiny.</p>
Next Steps	<p><i>Jackie Bowens</i> suggested that meeting schedules be planned out in advance to help Advisory Committee members plan their participation and time commitments. There was a suggestion to run data on homeless population. <i>Shelly Ten Napel</i> pointed out there has been collaboration between Department of Human Services to examine the overlap of homelessness and the Medicaid population. <i>Dr. King</i> requested more information on SIM states. <i>Dr. Nesbitt</i> reminded members a survey will be sent out requesting work group participation and stay tuned for the October meeting.</p>